


COVER SHEET

 <p>State of Utah Commission on Criminal and Juvenile Justice 101 State Capitol Salt Lake City, Utah 84114-0651 Ph: (801) 538-1031 Fax: (801) 538-1024</p>		For CCJJ use ONLY: 1. Implementing Agency Name & Address: <div style="text-align: center;">c/o Applicant Agency:</div>		
2. Type of Application (check one) <input type="checkbox"/> Initial <input type="checkbox"/> Continuation <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th If continuation, previous grant #:		3. Agency Type (check one) <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> State</div> <div><input type="checkbox"/> City</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> County</div> <div><input type="checkbox"/> Not for Profit</div> </div>		
4. Phone number: Fax number:		5. Beginning & Ending Dates of Program:		
E-mail Address:		6. Type of Criminal Justice Agency: (Check one)		
7. Will this award (check one) <input type="checkbox"/> Enhance an Existing Program <input type="checkbox"/> Initiate a New Program		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Law Enforcement</div> <div style="width: 33%;"><input type="checkbox"/> Pretrial Services</div> <div style="width: 33%;"><input type="checkbox"/> Victim Assistance</div> <div style="width: 33%;"><input type="checkbox"/> Corrections</div> <div style="width: 33%;"><input type="checkbox"/> Prosecution</div> <div style="width: 33%;"><input type="checkbox"/> Juvenile</div> <div style="width: 33%;"><input type="checkbox"/> Adjudication</div> <div style="width: 33%;"><input type="checkbox"/> Public Defense</div> <div style="width: 33%;"><input type="checkbox"/> Other</div> </div>		
8. What grant program are you requesting? (Check one)				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Crime Reduction Planning</div> <div style="width: 25%;"><input type="checkbox"/> Byrne</div> <div style="width: 25%;"><input type="checkbox"/> Challenge</div> <div style="width: 25%;"><input type="checkbox"/> State Gang</div> <div style="width: 25%;"><input type="checkbox"/> JAIBG</div> <div style="width: 25%;"><input type="checkbox"/> Other</div> <div style="width: 25%;"><input type="checkbox"/> Title V</div> <div style="width: 25%;"><input type="checkbox"/> RSAT</div> <div style="width: 25%;"><input type="checkbox"/> Crime Prevention</div> <div style="width: 25%;"><input type="checkbox"/> Title II</div> <div style="width: 25%;"><input type="checkbox"/> N-Chip</div> <div style="width: 25%;"><input type="checkbox"/> VOITIS</div> </div>				
9. Congressional District(s) Served		10. Federal Tax Identification Number (87-?????)		11. Title which <i>describes</i> the program to be funded:
13. Budget Summary		<div style="display: flex; justify-content: space-between;"> <div>Total Project Costs</div> <div>State Grant Funds</div> <div>Cash Match</div> <div>In-Kind Match</div> </div>		
A. Personnel				
B. Contracted Fees				
C. Equipment / Supplies & Operating				
D. Travel/Training				
E. Other/Confidential Funds				
Column Totals				
14. *Name of Official Authorized to Sign		15. **Name of Program Director		
16. Signatures		For CCJJ use ONLY		
Authorizing Official		Program Director		
Approval Signature		Date		

* (e.g. Mayor, County Commissioner, State Agency CEO) NOTE: Chiefs and Sheriffs are not authorized to approve contracts for their local government. ** This is the individual responsible for the day-to-day management of the grant program